Digitized by the Internet Archive
in 2023 with funding from
University of North Carolina at Chapel Hill

https://archive.org/details/surveyofpogramf00unse

FOR USE ONLY IN
THE NORTH CAROLINA COLLECTION

UNIVERSITY OF N.C. AT CHAPEL HILL
00048085506

Form No. A-368, Rev. 8/95

A SURVEY OF THE PROGRAM FOR THE MENTALLY DEFICIENT IN NORTH CAROLINA

Chapel Hill, North Carolina
April, 1952

A SURVEY OF THE PROGRAM
FOR THE MENTALLY DEFICIENT
IN NORTH CAROLINA

A report of a study made for the
State Hospitals Board of Control by the
Bureau of Educational Research and Service
of the University of North Carolina

_____
Chairman

_____

_____

_____

_____

Survey Advisory Board

Chapel Hill, North Carolina

April 15, 1952

WILSON
McU

FOREWORD

On August 23, 1951, the Caswell Training School Study Committee and other representatives of the State Hospitals Board of Control met in Chapel Hill with representatives of the School of Education of the University of North Carolina and the North Carolina State College to discuss a proposed survey of the program for the care of the mentally deficient in North Carolina.

At this meeting the School of Education agreed to undertake, through its Bureau of Educational Research and Service, the proposed survey for the State Hospitals Board of Control. It was further agreed that the survey would be carried out under a director and advisory board to be appointed by the Dean of the School of Education, that the study would take not less than six months, and that at appropriate times recognized consultants in the field of mental deficiency would be called in to work with the advisory board.

Joseph G. Dawson, Coordinator of Clinical Training, Department of Psychology, William H. Plemmons and W. Carson Ryan, Professors of Education, Guy B. Phillips, Dean, School of Education, and Allan S. Hurlburt, Director, Bureau of Educational Research and Service, all from the University of North Carolina, were appointed to the advisory board, the last named serving as director of the survey and chairman of the advisory board. The advisory board worked throughout the survey with the Caswell Training School Study Committee of the State Hospitals Board of Control, this committee consisting of H. W. Kendall, chairman, Mrs. E. H. Lasater, and Senator Thomas O'Berry.

FOREWORD

On August 23, 1951, the Caswell Training School Study Committee and other representatives of the State Hospitals Board of Control met in Chapel Hill with representatives of the School of Education of the University of North Carolina and the North Carolina State College to discuss a proposed survey of the program for the care of the mentally deficient in North Carolina.

At this meeting the School of Education agreed to undertake through its Bureau of Educational Research and Service, the proposed survey for the State Hospitals Board of Control. It was further agreed that the survey would be carried out under a director and advisory board to be appointed by the Dean of the School of Education, that the study would take not less than six months, and that at appropriate times recognized consultants in the field of mental deficiency would be called in to work with the advisory board.

Joseph C. Dawson, Coordinator of Clinical Training, Department of Psychology, William H. Plemmons and W. Carson Ryan, Professors of Education, Guy B. Phillips, Dean, School of Education, and Allan S. Hurlburt, Director, Bureau of Educational Research and Service, all from the University of North Carolina, were appointed to the advisory board, the last named serving as director of the survey and chairman of the advisory board. The advisory board worked throughout the survey with the Caswell Training School Study Committee of the State Hospitals Board of Control, this committee consisting of H. W. Kendall, chairman, Mrs. E. H. Lassiter, and Senator Thomas O'Berry.

Early in October the advisory board visited the Caswell Training School and made a preliminary study of its facilities, organization plan, staff and programs, including procedures (admittance, discharge, and other matters). Following this preliminary investigation, and after considerable study of available reports*, the advisory board structured the survey to be made, primarily of the Caswell Training School, in an outline** which was forwarded to Superintendent W. C. Byrd, Sr., M. D., and Business Manager S. H. Stroud of the Caswell Training School, Kinston, N. C. Dr. Byrd and Mr. Stroud, with their staffs, provided full information called for in the outline regarding facilities, programs, enrollment, policies, details of administration and business, which gave the advisory board and later the special consultants the essential background for the survey.

---

* These reports were: (1) Report of the Special Committee Appointed to Study Caswell Training School, Kinston, N. C., July 16, 1951; (2) A Survey of the Mental Institutions of the State of North Carolina, Federal Security Agency, Public Health Service, March 1949 (p. 96-110); (3) A Study of Mental Health in North Carolina, North Carolina Commission for the Study of the Insane and Mental Defectives (1936). The first of these reports was "A Preliminary Study made by members of the State Department of Public Instruction to indicate areas for intensive study by a qualified institution or agency." The committee members for this study were Felix S. Barker, Director, Division of Special Education, chairman; J. Warren Smith, Director, Division of Vocational Education; A. B. Combs, Administrator, Division of Instructional Service; J. E. Miller, Administrative Assistant to the State Superintendent of Public Instruction.

** See Appendix

After considering the data provided and the areas to be studied, the advisory board selected the following team of consultants to make a thorough study of the Caswell Training School and to visit the facilities for the mentally deficient at Goldsboro and Camp Butner: chief consultant, L. N. Yepsen, Ph. D., Director, Division Classification and Education, Department of Institutions and Agencies, State of New Jersey; associates, Arthur Hill, Ph. M., Chief, Bureau of Exceptional Children and Youth, United States Office of Education, Samuel Kirk, Ph. D., Professor of Education, University of Illinois and author of a recent outstanding book on the teaching of the mentally retarded, Gale H. Walker, M. D., Superintendent of the Polk State School, Pennsylvania, former Vice President of the American Association on Mentally Deficient and currently Chairman of its Committee on Standards, and Frank Giliberty, M. A., Director of Social Service, Southbury Training School, Connecticut.

The consultant team met with members of the advisory board and members of the State Hospitals Board Sub-committee during the week of March 2 and made an intensive study of the Caswell Training School. Less intensive studies were made of the facilities at Camp Butner and at Goldsboro. Besides the consultants and members of the advisory board, David A. Young, M. D., and Roy M. Purser, General Superintendent and General Business Manager respectively for the State Hospitals Board of Control, cooperated in the study of the Caswell Training School.

Following the visitations at Kinston, Camp Butner, and Goldsboro, the special consultants met with the survey advisory board and discussed the major recommendations to be made in the survey report. The final report of the consultants was received by the survey director March 31 and

is incorporated in the following report. Included in the appendix is the report of the State Farm Analyst which was obtained for the advisory board by B. J. Kirkland, Dean, School of Education, North Carolina State College of Agriculture and Engineering.

INTRODUCTION

The initial statute establishing the Caswell Training School and the subsequent modifications indicate that it was the intent of the legislation to establish a broad and worthwhile program to meet the needs of those mentally deficient children and adults, who, because of their mental subnormality, might require care, treatment and training away from their own homes in a residential setting. The institution was authorized in 1911 and was opened in 1914.

The present study indicates that, if the State of North Carolina is to discharge its obligations to those whose minds have not developed normally, a great deal remains to be done.

It is extremely difficult to determine the actual needs of the State because of the inadequacy of records. In this respect, however, North Carolina is not different from many other states.

It may be assumed with reasonable accuracy that North Carolina's total number of mentally deficient persons of all ages is in excess of 40,000, 27,00 white and 13,000 colored. These numbers are arrived at by application of the so-called 1% formula. Authorities are now agreed that the percentage of mentally deficient in the population is no less than one per cent and may be somewhat higher. There are approximately 1,400,000 children under sixteen years of age in North Carolina. Of this number at least 14,000,therefore, are probably mentally deficient. North Carolina's public school population is approximately 900,000; of this group perhaps 9,000 are mentally deficient. An additional 2% or even 3% (18,000 or 27,000)

can be considered to be so retarded mentally that they are unable to cope with the ordinary public school curriculum and require a special class program in order to attain their maximum growth and development.

Not every mentally deficient individual requires or should receive specialized residential care. Only those who satisfy one or more of the following criteria should receive institutional care:

Mentally deficient (uncomplicated by mental illness or profound delinquent patterns) and one or more of the following:

A. Require a great deal of physical care.

B. Do not, or cannot be expected to respond to ordinary training, supervision and disciplinary measures.

C. Are already, or may become, dangerous to themselves or others.

D. Are responsible for the disruption of the emotional and economic balance of the home and/or the community.

The possibilities for such persons are:

A. Continued institutional care.

B. Return to community to continue training in a community class, special class in the public school, training center, or on the job training.

C. Placement in a residential work colony for job placement with supervision.

D. Job placement with supervision.

E. Permanent placement in the community when capable of self-support.

The minimum number who should be in specialized residential centers at any one time is probably about 15% of the total number of mentally deficient persons. The majority of states in the nation provide for about 10% of the 1% figure. It is well recognized that even these states have many unresolved problems. Many of the residential institutions throughout the country are overcrowded and there are long waiting lists.

On the basis of the optimum 15% figure, North Carolina should be caring for about 6,000 cases in its institutions for the mentally deficient. Using the 10% figure, North Carolina should be caring for about 4,000, if its program is to be equal to other states of equal rank. The State, however, is caring for only about one half as many of its mentally deficient persons as the average state cares for, or about 2,000 cases - 1450 at Caswell (as of July 1, 1952), 370 at Butner State Hospital, and 240 at Goldsboro State Hospital.

Unquestionably there must be many urgent cases for whom application for admission has not been made because of the futility of the effort. Only the most urgent cases can be received. In many instances, it is reported, it is necessary to commit the individual to a jail in order to make him an urgent case. Also, no child under six can be admitted. There is little doubt that many children who are greatly in need of care and training are being guaranteed that their adult lives will be difficult and barren because the State has not met its obligations. Likewise there are many families and communities which are out of balance because of the enforced presence of the mentally deficient person in the home. It is also probably true in this State, as in other states, that large numbers

of mentally deficient individuals are improperly housed in institutions not at all suited to their needs, that is, in mental hospitals, training schools for juvenile delinquents, reformatories, prisons and jails.

This condition is unwise and unnecessary. North Carolina is capable of meeting the problem adequately. The recent development and planned expansion of the special education program under the auspices of the Department of Public Instruction is evidence of the State's interest in its handicapped children. Successful as this program will no doubt be, it cannot take the place of specialized residential care for low and middle grade mentally deficient children. There will always be those who, because of a variety of factors, will need the advantages of residential school training in order to succeed later in the community.

Broad planning for the development of an effective, dynamic, and well integrated program for the control of mental deficiency is now possible. Under competent leadership this program would meet the needs of North Carolina's handicapped citizens.

The mentally deficient are those persons, children or adults, in whom the arrest of the potentialities for mental development has existed from birth or a very early age, is permanent, and results in their inability to utilize experiences and environment independently for their benefit or the benefit of others.

It is humanely necessary and economically sound to provide specialized care, treatment and supervision for the mentally deficient.

GENERAL RECOMMENDATIONS

I. The Caswell Training School should be utilized as a facility for long-time care cases of the grossly retarded type. The population at Caswell should never exceed 1250.

The recent construction of the new housing units at Caswell will make it possible to develop a strong program for those of low grade mentality. Actually the character of the institution has been changed by these new units, inasmuch as they emphasize that aspect of the program directed toward long-time care. It is also true that it would be almost impossible to reorient the staff of the institution to a new philosophy of training children for community living.

By designating Caswell as the institution, or elementary training school, for severely retarded mentally deficient children a high degree of specialization would result. A great deal more would be accomplished than would be possible if these children continue to be incorporated in this compact institution with children whose outlook should be directed toward community living. It would be found at the new Caswell, as has been found other places specializing in the care of the severely retarded, that, properly administered, a high level of efficiency could be attained. Many of the routine chores about the institution could be performed by higher grade children who cannot be expected to live even under supervision in the competitive society outside the institution. These older mental deficients are frequently quite capable under direction and can be given special status. Serving as helpers in caring for the more severely retarded, "they also serve." Severely retarded and middle grade children are not hopeless.

Pending the development of new facilities* a courageous program should be introduced at Caswell. This will provide valuable experiences in a training program for the development of a competent staff for the new training school.

II. The practice of housing the mentally deficient with, or in close proximity to, the mentally ill should be discontinued.

This is in keeping with modern trends. There is no professional justification for combining the two types, mentally ill and mentally deficient, in a single institution. The hospital for the mentally ill is dedicated to the medical treatment and recovery of the psychotic. The training school for the mentally deficient, regardless of the mental development of the children and adults, must be dedicated to training. For some the training is in simple matters of self-help, feeding and activities within their own limited environment; for others it is training for community living. Separation of the mentally deficient from the mentally ill will be to the distinct advantage of both groups.

Those now temporarily housed at Butner can be returned to Caswell or the new institution as permanent residents and helpers as soon as new facilities are available.

III. A new North Carolina Training School for white high grade mentally deficient boys and girls should be promptly constructed. Population, 1000 - 1250.

North Carolina and many other states have had a great deal of experience during the past fifty years. This experience should be

---

* See III.

utilized in the planning and construction of a modern, cottage-type training school. The prime objective of the new North Carolina Training School should be to receive high grade, trainable, mentally handicapped boys and girls. The School should provide training pointed toward community living.

Eventually an additional training school of the same type will be needed by the State, if it is to meet the needs of the mentally deficient.

IV. The already contemplated new North Carolina Training School for the Negro mentally deficient of all ages should be immediately constructed. This institution should consist of two distinct units - one for those cases requiring long-time care and the other a training center. Anticipated population 1000 - 1250.

Such an institution is greatly needed. Although there should be specialization by institution, it is recommended that this institution be constructed to serve both those requiring long-time care and those who can be trained for community living. While the philosophy of training to attain the full potential of each individual should permeate the whole institution, the two units should be physically separated and the separation obvious, so that the long-time care cases will not cause a deterioration in the training program for the high grade children.

This institution should be planned and constructed very carefully. It should be built on the cottage plan, which will permit classification by types in the individual cottages, and should incorporate the latest features so that it will not be outmoded for many years.

V. In the selection of superintendents for the new North Carolina Training Schools primary consideration should be given to their special qualifications for administering all phases of the program, particularly training.

Since the main emphasis of the institution should be training for community living, consideration must be given to the employment of a director who has basic knowledge of the many needs of the mentally deficient. He must be a specialist in the techniques of meeting these needs.

VI. Consideration should be given to the location of the new units so that parents, relatives, and others would not be required to travel great distances in order to visit. Proximity to training centers, clinics, and other specialized facilities would have very real advantages.

It is cruel to the children and the parents to make frequent visits impossible because of distances to be traveled. Moreover, visits of parents, relatives, and friends aid in the development of the full potentialities of each child. Such visits should be encouraged.

VII. Steps should be taken to develop the after-care program.

The modern institutional program for the mentally deficient includes the following steps:

A. Identification.

B. Admission.

C. Training.

D. Release to the community, under supervision, all who can be adjusted to community living.

Those who are not capable of such adjustment would go into the long-time care program. There are now many children at Caswell, who,

it is believed, could be trained for self support in a community. Immediate identification of these children must be made and appropriate individual goals set. Continued long-time residence of these children in an institution is not only costly to the taxpayers but unnecessary. Experience in many states confirms the advisability of a program of this type.

VIII. A strong program for home-care should be developed to permit the placement of selected individuals in approved homes which are paid for caring for them.

While some children may go out on job placement, there are others who can be placed in specially selected homes. It is not necessary to maintain all mentally deficient in specialized residential centers for as long as they may live, even though they are not employable. Several states are working out the details of home care, thereby saving the capital outlay required to build new institutions. It is anticipated that this program of placement and supervision could be carried out in North Carolina in cooperation with the local county welfare units. The details of this plan are complex, but it should be a part of an integrated state program.

IX. Serious consideration should be given to the changing of the commitment law and procedures so as to permit the commitment of the mentally deficient person to the State Hospitals Board of Control rather than to the specific institution.

Under this plan it would be possible to develop a very flexible program for the mentally deficient. Such a program would be under the

supervision of the Director of the Division of Mental Deficiency.* It would permit, prior to admission, the control of the mentally deficient person so that appropriate facilities in the community could be used which might make institutional care unnecessary. It would permit the admission of the individual to the appropriate institution at the opportune time and facilitate the transfer of mentally deficient individuals from one institution to another for purposes of better classification.

X. The commitment law should be modernized.

In connection with the examination of the commitment procedure consideration should also be given to the modernization of the criteria for admission. There is only a minimum of insubstantial evidence that mental deficiency can be diagnosed by the intelligence quotient alone. The 70 I. Q. basis is untenable. There are many individuals who obtain an intelligence quotient of less than 70 who may be normal and many above 70 I. Q. who are mentally deficient. Mental deficiency is a symptom complex, not a point on an intelligence quotient scale. It is entirely possible that rigid adherence to the I. Q. can deny the facilities of a residential training school to individuals who may be mentally deficient and in desperate need of the training and education therein available.

The law should be modified to permit the qualified psychologist to certify as to mental deficiency. Over the years the clinical psychologist

---

* See X.

has made major contributions in the field of mental deficiency and has the professional competency to determine mental deficiency. This professional status should be recognized.

Further, consideration should be given to admission by application, similar to voluntary admissions to mental hospitals. Some parents object, and rightfully, to having their child committed by the courts. There is a growing recognition of the advisability of admitting by application. This, however, must be considered carefully, since it could conflict with the idea of making the State the guardian of all mentally deficient persons.

XI. A list of "Qualified Examiners in Mental Deficiency" should be set up.

Determination of mental deficiency is a specialty requiring special training and unusual skills. In order to safeguard the individual, capricious diagnoses must not be made. The "Qualified Examiners in Mental Deficiency" would include physicians and clinical psychologists who are able to submit evidence of the necessary specialized training and experience in mental deficiency. The board to determine criteria and pass on qualifications should be set up in the Division of Mental Deficiency, if established, or separately under the Hospitals Board.

XII. A Division of Mental Deficiency should be set up as a unit in the State Hospitals Board of Control.

The problem of mental deficiency and the problems of the mentally deficient constitute one of the major problems in any state. Properly administered and appropriately staffed, such a division would pay rich dividends to North Carolina.

This Division should be headed by a person highly specialized in the field of mental deficiency. The Director would be responsible for the administration of the entire program for the out-of-school mentally deficient throughout the State. His responsibilities would be to the mentally deficient at both the community and institutional levels.

The Division would serve as the liaison between the present Board and the present State Departments of Public Instruction, Health and Welfare. It would aid in the coordination of the work of all agencies, both public and private, concerned with the problem of mental deficiency. This would serve to aid in the development of a well-planned and integrated program for the mentally deficient in North Carolina.

Eventually such a division would maintain a register of all mentally deficient persons in North Carolina and insofar as possible aid in the planning of programs for all individuals so registered. It would do much toward making the public aware of the problem of mental deficiency and means to combat it through publicity, institutes, pamphlets and research.

XIII. Long range plans should be made for a special institution of the close custody type for the care of the defective delinquents.

Defective delinquents are of increasing concern in the field of mental deficiency. These difficult, and oftentimes dangerous, individuals are out of place in the institutions for the mentally deficient and the correctional institutions as well. They are not mentally ill and do not belong in the mental hospitals. They belong in a special

category and a special institution for their own safety and the safety of society. They are intractable and egocentric and do not respond to ordinary treatment or training methods.

XIV. Prompt steps should be taken by the University of North Carolina to set up a training center for training teachers in the difficult methods and techniques of teaching mentally handicapped children.

This is most important. The best laid plans for special classes and residential training schools will be of no avail without a steady supply of trained teachers. These specially trained persons are not and will not be available from outside the state.

XV. A definite allocation of funds should be made for research.

Research into the problems of mental deficiency is desperately needed. Industry recognizes the value of research in order to find new products and develop better methods of making old products. It pays rich dividends in industry and should do the same for any state concerned with the problem of mental deficiency. Continuous research is necessary in this field, and such facilities as are already available at the University of North Carolina, Duke University, and Bowman-Gray School of Medicine should be utilized for this purpose.

EDUCATION AND TRAINING

The present program for the social, emotional, occupational and physical development of children at Caswell Training School is provided in various administrative units of the institution. The accomplishment of the objectives of the school are attempted through (1) a formal school program, (2) the placement of children in service, maintenance and vocational assignments, (3) informal training by cottage supervisors, and (4) recreational activities.

The facilities at the Caswell Training School may be briefly described as follows:

1. The school. Approximately 200 children attend half-day sessions under the direction of eleven teachers. One teacher functions as a principal-teacher, devoting one half of each day to supervision of instruction and the other half day to the teaching of homemaking activities. Two teachers are assigned to arts and crafts classes and one teacher to vocal music instruction. The remaining eight teachers conduct sixteen classes in general school activities. These classes are organized as follows:

    Nursery classes (ages 7 - 13 years, average 9 years).
    Kindergarten (ages 6 - 14 years, average 9 years).
    Pre-kindergarten classes (ages 7 - 17 years, average 10 years).
    Primary classes (ages 10 - 17 years, average 13 years).
    Intermediate classes (ages 13 - 19 years, average 13 years).
    Advanced classes (ages 10 - 18 years, average 16 years).

The psychometric findings of the psychologist are used to facilitate class groupings. Classification and placement in each of the groups seem to be almost entirely dependent upon mental ages, thus producing vast discrepancies between intelligence quotients and life ages for children in the same class. This practice also results in giving priorities for admission to older children whose potentialities for learning are extremely limited in preference to six and seven year old children whose potentialities are higher but whose mental ages are too low to meet present admission standards. The intelligence quotients of the school children range from 22 to 71, the majority being between 40 and 60, with a median slightly below 50. In each class group, however, the range of intelligence quotients is extremely wide - from 20 to 30 points. Boys and girls are assigned to the same classes in only the beginning grades and are segregated in the others.

There are no written statements relative to the purposes, objectives, or curriculum of the school. Discussions with the teachers indicated that there was no clearly defined program, except that (1) the children should learn to read, write, and spell, and (2) be given opportunities for developing interests outside the cottage life. The classroom work in all groups seems to be concentrated upon reading readiness and the language arts. There appeared to be no differentiation in program for the trainable group who are incapable of making progress in academic learning and the educable children who are capable of academic achievement. Non-academic work is restricted to vocal music, an extremely limited arts and crafts program for a small group of more advanced children, and homemaking for a few of the advanced girls. Shop work and other pre-

vocational activities are not a part of the school program. Although children such as are at Caswell can learn to play band instruments, there is no school band.

Of the eleven elementary teachers employed at the Training School none is specially prepared for the teaching of mentally deficient children. Only one teacher has a bachelor's degree and one other has a four-year certificate in art. The other teachers range in educational background from no formal college training to approximately four years of attendance. These teachers appeared to be interested and devoted to their work, but for the most part there was an evident lack of understanding of the problems of mentally deficient children and the philosophy and modern techniques of educational procedures. There is at present no place in North Carolina where teachers can obtain such training. Teachers are employed for nine months at a beginning salary of $180.00 per month. The average salary for all teachers is approximately $2000.00 per year, the principal-teacher receiving less than $3000.00 for ten months work. Formal certification of teachers by the State Department of Public Instruction is not a requirement.

All but three of the classrooms are located in a separate school building consisting of a large auditorium surrounded by eight small classrooms. The other three classrooms are situated in the basement of the building which houses the administrative offices and the hospital. These three rooms are extremely small and unattractive. The eight classrooms in the school building are larger but not of adequate size. The arts and crafts rooms are exceptionally small and inadequate for these types of activities.

The furniture in the classrooms consists chiefly of movable desks which are not adaptable to small group activities. A supply of modern and attractive books was on the shelves in some classrooms. Other supplementary teaching materials are absent or meager. The home-making equipment consists of one stove, one refrigerator, one sewing table, and an ironing board. Running water is found only in the home-making laboratory and in the lavatories at one end of the building.

There appeared to be no adequate evaluation of the development of the children in the school. The only records on children that were available to teachers seemed to be the results of a Stanford-Binet or other psychometric examination. From time to time these data are interpreted by the psychologist.

2. Work Assignments. The institution does not provide for pre-vocational or occupational training in the school program. This type of training is partially provided for through assignments to jobs related to the maintenance of the institution.

The supervisors of boys and girls are charged with the responsibility of placing children in such assignments. Some older girls are assigned half time, if they are attending school (and full time, if they are not in school) to the laundry, sewing room, dining room and kitchens, and as helpers in the dormitories for the grossly retarded or the hospital. Boys are likewise assigned to the power plant, dairy, piggery, hennery, farm, maintenance of grounds and buildings, and the barber shop.

The present practice is to assign children to permanent jobs because many of the farmers and other institutional personnel believe that the

efficiency of their operations is increased by avoiding a turnover of workers. The dominant attitude expressed by a number of staff members, including supervisors, concerning the future of the Training School children, is that they should remain in the institution and that their training should be directed toward institutional service. Diversified pre-occupational or occupational training, according to those expressing this opinion, should be limited to the very unusual cases who would be returned to their communities. The report of the superintendent indicates that few children have been returned to their homes and that many of the placements have failed.

3. Cottage Life. Cottage life in a training school should contribute much to the training of the children, particularly in self-help activities and the general routines of living. These would include: dressing and undressing, eating, toileting, sleep, safety, and general habits of health and sanitation. Self entertainment, cooperative play, and recreational activities should also be a part of the cottage training program. The accomplishment of these goals requires considerable understanding and specialized teaching procedures on the part of attendant personnel.

At the Caswell Training School the cottage training program is left largely to the initiative of the cottage attendants. There appears to be no organized in-service training program which would instruct the attendant personnel on either the goals or teaching procedures necessary.

Periodic visitations to the cottages during the time of the study indicated that children spent the major part of their time sitting or

lying about the day rooms. Few, if any, opportunities for planned or unplanned activities were observed. Equipment for games, books and so forth were almost totally non-existent.*

Evaluation and Recommendations.

The education and training program at the Caswell Training School is limited in its scope and includes some unrealistic phases in both its philosophy and implementation. This conclusion has been made on the basis of the foregoing observations and may be summarized as follows:

1. The point of view of the institutional personnel is directed toward custodial or long-time care of children rather than that of education and training. This is true for both those children who need long-time care and those who actually have potentialities for return to their own communities. Because education and training must function in the total lives of the children - in the cottages, job assignments, recreation and school department - it is necessary that all staff members should be considered as teachers. Unfortunately at the Caswell Training School this is not the case; the maintenance and cottage personnel and supervisor of training are concerned primarily with the operation of the plant rather than the utilization of the plant for the education and training of the children. Illustrations of this philosophy are found in the fact that diversification of job

---

* Recreation is further dealt with in another section.

placement is generally frowned upon and the farm, stock, and physical plants seem to be more highly regarded than the quality of the training program. This is increasingly evident in the total lack of integration and linkage between the school and job assignment programs. There are few provisions for pre-vocational training within the school department to prepare children for future job assignments, either in or outside the institution. An expanded program of homemaking for girls with a complete homemaking unit and a general shop for boys are examples of what should be developed.

2. The apparent lack of understanding of the potentialities, limitations, and needs of mentally deficient children has resulted in a stereotyped and undifferentiated school program. This is illustrated by the unrealistic classification of children for classroom work on the basis of mental ages and the emphasis upon academic achievement, using as standards those for normal children. The placement of twelve and thirteen year old middle-grade children in nursery and kindergarten class programs with educable children of comparable mental ages is illustrative of a confused understanding of the problems involved. A large proportion of the middle grade mentally deficient should have a training program that emphasizes self-help, adequate work habits, and socialization rather than academic learning. This should be a different program from that provided for the high grade, or educable, child who has additional potentials for learning the fundamental skills such

as reading, writing and arithmetic, and whose school experiences should be centered about preparation for living in a normal society. This would involve a dual-track program, one for the trainable group and one for the educable group. Such is not at present the organization at the Caswell Training School.

3. Although the members of the school staff appear to be sincere and interested in their work, there is little evidence of professional understanding and growth in the development of a realistic school program. This is partly due to a lack of professional training, but even more to the absence of professional leadership in providing adequate in-service training and in developing a curriculum which is based upon the needs of the children and which furnishes a systematic sequence of school experiences.

4. The institution has been handicapped in the development of an adequate education and training program by low salaries which would not attract professionally trained teachers. There is no reason why institutional teachers should not have equally high certification standards and be paid at least as good salaries as special teachers in the public schools in North Carolina.

   A further handicap is the fact that there is no training center for teachers of the mentally handicapped in North Carolina where teachers can obtain the necessary special preparation for their work.

5. The space, equipment, and teaching aids provided in the school are both inadequate and poorly planned. The school building apparently was built with no concern for the types of educational program that should be developed. Equipment is unsuited to the activities appropriate for mentally retarded children, and teaching aid, other than books, are lacking in quantity and suitability. However, it would be foolhardy to attempt the correction of these conditions unless proper leadership for the development of a realistic school program is made available. The planning of rooms, equipment, and teaching materials must be a part of a total program of educational planning.

General Recommendations.

In view of the present philosophy and staff and facilities it will be difficult to establish well-rounded education and training programs for educable children at Caswell Training School. Such children have rights which are now being ignored. Serious consideration should be given to the establishment of a separate training school for educable mentally deficient children where the dominant philosophy of the institution would be oriented toward the education of children for community living. The State Department of Public Instruction should be called upon to assist in planning the building and the facilities which would be furnished in such a training school.

Until such time as this has been accomplished it is recommended that the nucleus of such an institution be established by the appointment

of a Director of Education and Training whose qualifications would necessarily include specific preparation in the education and training of mentally deficient children, and who would possess personal leadership qualities and administrative ability.

His duties and responsibilities would be to:

1. Develop, coordinate and integrate the four types of training programs mentioned above - the school, job training, cottage life, and recreational activities.
2. Provide leadership for in-service training programs for teachers, cottage attendants, job foremen, and recreational staff members in the teaching of children.
3. Develop a realistic school organization and a curriculum geared to the needs of both trainable and educable mentally deficient children.
4. Select teaching and recreational personnel and consult with the business manager relative to the selection of cottage attendants and foremen of job training activities.
5. Supervise and coordinate the job assignment activities of training supervisors.
6. Evaluate the needs and make recommendations for the purchase of teaching aids and recreational material and equipment.
7. Cooperate with other members of the staff in the preparation of children for placement in local communities.

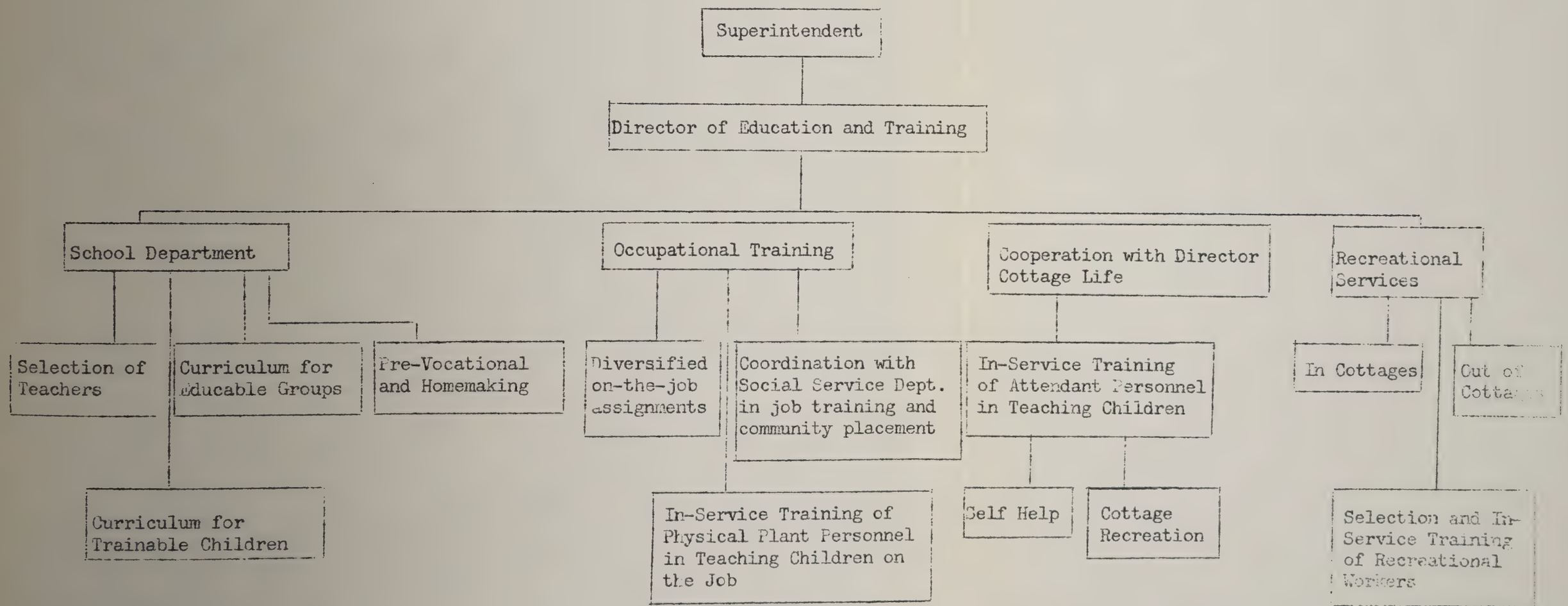
The attached chart describes the proposed duties and responsibilities of the Director of Education and Training.

Chart 1

DUTIES AND RESPONSIBILITIES

OF

DIRECTOR OF EDUCATION AND TRAINING



THE SCHOOL PROGRAM FOR NEGRO MENTALLY DEFICIENT

Since a formal school program for Negro patients does not exist at Goldsboro, there is no basis for analysis. That such a program does not exist reflects a gross disregard for the welfare of Negro mentally deficient children.

Plans for the construction of a unit for Negro children have been made. Whether this unit should be built on the site presently being considered will be dealt with in a later section of the report. Regardless of the location of the facilities, all the recommendations regarding the education and training program for white children are applicable to the proposed unit for Negroes.

It was pointed out by the Business Manager at Goldsboro that the architects' plan for the Negro unit have already been drawn, including those for the school building. The advisory board can only urge insistently that the plans for the school building be cleared with experts in school planning of the State Department of Public Instruction. It would be folly to repeat the mistakes made in the construction of the school building at Caswell.

The school for Negro children should be built to make possible a realistic educational and training program; its staff should include competent teachers and its leadership should be well trained in techniques for meeting the needs of the mentally deficient. It is urgently recommended that all planning for this new unit, insofar as building, equipment, programming and staffing are concerned, should be done

cooperatively with the State Department of Public Instruction, and, if possible, with the additional counseling of experts in institutional school programs.

RECREATION ACTIVITIES

The present program for recreation activities at Caswell has extremely good possibilities. The recent employment of trained individuals who have an insight into the problems and needs of mentally deficient children and who have the spirit and ability to develop a good program is to be commended.

Presently there is some need for direction and a great need for equipment in order to make the program more effective.

The anticipated development of areas for baseball and other outdoor games should be accelerated. Playground and sports equipment suitable to the age, physical development, and mental development of the children is greatly needed. There is a paucity of recreation equipment in the cottages, as has been previously mentioned.

If, as is recommended in this report, the type of child cared for at Caswell is limited to the severely retarded and the rather severely retarded, or middle-grade, child, it is doubtful whether the building of the large gymnasium is necessary.

Radios, record players, and television are all greatly enjoyed by mentally deficient children of all ages and all levels of mentality. Even movies are enjoyed by rather severely retarded children.

The entire recreation program should be directed by the Supervisor of Recreation, who should work under the general supervision of the Director of Education and Training. In a school devoted to the training of high-grade children such activities as Boy Scouts, Sea Scouts, and

teen-age clubs should be carried out. These activities can be developed by employee volunteers who would be willing to devote one evening or so a week to the work.

At Caswell there is no library for those children who might enjoy reading. The only reading material seems to be a collection of comic magazines. A central library with a plentiful supply of picture books, easy reading materials, games and records should be developed. These should be circulated where they would do the most good for children at different developmental levels.

COTTAGE LIFE

In group living of any sort it is difficult to overestimate the importance of what at the Caswell Training School is cottage life. As long as the child is at the Training School it is the one spot he can call his home. For some children cottage life may represent a higher standard of living than that to which they have been accustomed, while to others it may be barren and cold. For all children it has great potential value, particularly during their period of growth and development.

Many visits were made to the cottages by every member of the consultation staff.

Caswell is fortunate, indeed, that the planners thought in terms of small groups. Many of the cottage groups are limited to thirty children. This provides for grouping so that children of like interests and development may live together in the same cottage. This is far superior to large group living.

Many improvements need to be made. Some of the cottages have been neglected and require painting; others do not reveal good housekeeping standards. Artificial lighting facilities in some of the cottages are insufficient. The cottages lack color and some of the simple comforts which are considered to be the right of children even in institutional living. There was no evidence of any attempt to provide boxes or chests where children could keep their personal belongings. Mentally deficient children of all ages enjoy toys, games, and other materials which can be manipulated. These were either totally lacking or there was but a minimum of this material in the cottages.

At Caswell many of the cottage attendants appear not to be particularly enthusiastic about their jobs nor alert to the interests of those in their charge for many hours of the day. At Camp Butner, however, even with limited facilities, the prevailing spirit and attitude toward the children were magnificent. At Goldsboro the cottages were the usual hospital wards. At both Butner and Goldsboro provision has been made for outdoor play. Limited though the program is at Butner, it is an excellent illustration of the fact that these children can be loved, understood, and made cheerful and happy. At Caswell the attendants need to be instructed in the simple needs of children for group living and in techniques which will produce learning.

It is recommended that a department of cottage life be established at Caswell. The Cottage Life Department would be responsible for the organization and operation of living accommodations for all children in the Training School. The director would be responsible for organizing and operating the daily programs of care and training, clothing services, housekeeping services, and the development of an in-service training program for all attendants.

The Director of Cottage Life must be a person trained in child care. He should be a good administrator.

Among the duties of the Director of Cottage Life should be the following:

1. Assignment and reassignment of children to cottages subject to the approval of the Children's Committee.
2. Responsibility for the custody and control of children in and about the cottages.

3. Maintenance of health, fire, and safety standards in the children's living quarters.
4. Development and administration of the social, personal, and cottage activity programs.
5. Supervision of clothing allotments.
6. Keeping accurate records of day and night reports, population movements, disciplinary measures.
7. Control of mail and gifts to children with proper recording.
8. General oversight of the maintenance of the cottages, adjacent lawns and equipment in cooperation with the maintenance department.
9. Membership on the Children's Committee.
10. Maintenance of an active in-service training program with frequent meetings of the cottage personnel in cooperation with the Director of Education and Training.

The positions of Supervisor of Boys and Supervisor of Girls with their assistants are established at the present time. It would appear advisable for the woman supervisor to confine her work to the female group. Overlapping is now present and it is not good practice. When a man is needed for control, the boys' supervisor could be called in. A new Director of Cottage Life will find many problems and much to improve. Even the existing philosophy is very poor. The supervisors are in need of a common secretary to take care of the routine office chores so that all of the time may be spent with the attendants in the cottages.

Due to the building of several new units for the care of severely retarded children the Caswell Training School has committed itself to the carrying out of a very difficult assignment. These cottages are unique in plan and construction. It will require a great deal of work to attain in them an atmosphere of warmth, hominess, and kindness. A visitor entering these buildings is impressed with a combination of coldness, sterility, and barrenness. But they can be modified. A great deal remains to be done with these dormitories. A more adequate cottage life program must be developed. These children need not sit hour after hour on a bench, for there are many of them who can be engaged in simple group activities and participate in free and organized play. The untrained child will grow up into an untrained adult. Without training along lines of self-help, individual and group activity, these children will at maturity be greater burdens than is necessary.

Because of the large number of severely retarded children in these groups a person well versed in the training techniques for children of this type should be employed to have full responsibility for the supervision of all cottages or housing units for the severely retarded. These units present a constant challenge to the administration and must not be neglected.

It was found that inadequate supervision was given the children and attendants during the night. The children need to be protected during times of emergencies and from any detrimental activities by aggressive individuals. A constant alert must be maintained, and it is therefore recommended that a night superintendent be employed who will be responsible to the Director of Cottage Life. In a well organized institution

some member of the Cottage Life staff will be on duty every day in the week. He will be the person to whom the attendant can turn for advice and consultation when problems arise.

The two units for problem cases need immediate and extensive modification. It is understood that attention is being given to this, but action should not be unnecessarily delayed. The population in the two units was, at the time of visit, a conglomerate one. Among the children residing in these units there were some who were said to be unadjustable to typical cottage life, others who were obviously special medical and psychiatric cases, and still others who were either mild or severe disciplinary cases.

The entire program for these two units should be reviewed at once. It is recognized that there are some children who need to be restrained from hurting themselves or others, but this restraint must be done in a humane manner. Cell blocks without essential comforts or long hours without purposeful activity can be very deteriorating. If children need to be segregated, they should live in small rooms with plenty of light and heat and with a bed that cannot be moved or taken apart. There should be no segregation for long periods of time, and there should be very frequent reviews of each individual case. The Director of Cottage Life should be responsible for these units and should act at any time to place a child in these segregated units, but all such placements should be reviewed by the Children's Committee. Medical, psychological and, if necessary, psychiatric attention should be given to the children in the special units at all times.

DEVELOPMENT AND WELFARE

Mentally deficient individuals now provided for in three separate units in North Carolina have been separated from the general population because of their mental subnormality. Within this mentally subnormal group there are, however, broad individual differences. These are differences in social and family background, physical growth and development, mental and emotional development, interests, and ultimate goals. Recognition of the multiplicity of these individual differences is important to the carrying out of the functions of any residential institution. If each child is to progress toward his own goal of adjustability in his own environment, there must be a coordination of effort in all phases of institutional life and service.

Efforts have been made at Caswell to hold joint conferences between the superintendent and the psychologist, between the teachers and the psychologist, and between the psychologist and the supervisors of boys and girls. These efforts are commendable but they do not make possible, uncoordinated as they are, the centering of the entire resources of the institution upon the solution of the problems of the individual child. There is at this time no plan whereby each member of the staff who is responsible for an area of service or who has specific information regarding a specialized phase of a child's status or condition can be formally and continuously acquainted with what the specialists have determined.

Recommendations.

Caswell needs to form a Children's Committee whose chief function and major responsibility would be that of pupil development and welfare. This Classification Committee, or Children's Committee, should be composed of the heads of the various services to the children of the institution. The Committee should meet regularly, as often as once each week, to plan each child's program. The superintendent should attend these meetings as frequently as it is possible for him to do so, but he need not be a member of the group. The membership should include the director of education and training, the psychologist, the social worker, the assistant physician or physician, the principal of the school, the director of recreation, the director of cottage life, the boys' supervisor, the girls' supervisor, and such other members of the staff as may have responsibilities which are related to pupil development and welfare.

Breadth of background and demonstrated administrative ability should be primary factors in the selection of a Chairman of the Children's Committee.

The advantages of having such a committee are many, but the chief one is that it puts into effect a team approach to meeting the needs of each child. At these meetings there is, for example, opportunity for the psychologist to interpret the child to the other members of the committee. The physician can explain in detail the physical development and call attention to strengths and handicaps which may be important to the child's progress. The social worker can evaluate the social background. Each member of the committee is a specialist who contributes from the standpoint of his own specialty.

The purpose of this committee should be to know the whole child, his background, his physical condition, his abilities and inabilities, to observe carefully his development and to plan carefully his program. Periodically the program of each child and his progress should be evaluated.

This committee is basic to the real purpose of the institution. Without this committee children can be forgotten; improper programs may be undertaken, and the work of the institution becomes sterile and ineffective. With such a committee full potentialities for the complete development of every child within the limits imposed by birth will be facilitated.

SOCIAL SERVICE

Modern institutions dealing with individuals, whether they be children or adults, have found it advisable to include as an important member of the staff a person trained in the field of social work.

Until recently a person classified as a social worker has been on the staff of the Caswell Training School, but the position is now vacant. Although social workers were conceivably on the staff of Butner State Hospital and Goldsboro State Hospital, there was no evidence that they served the units in those hospitals caring for the mentally deficient.

Examination of the pupil record folders at Caswell reveals that the only information available concerning the social background, family history, growth and development of the child, is that obtained from the blank which is filled out when application is made for admission to Caswell, and this information is decidedly limited. There was no evidence of any well-planned program for interviewing the parents of the child at the time of admission or for periodic contacts with the parents during the child's residence at the School. Furthermore, there was no evidence that the activities of the social worker included supervision of the children released from the institution to the community.

It is recommended that a Division or Department of Social Work be established immediately at the Caswell Training School. This division should be headed by a person who may be given the title of Director of Social Service. The Director should be a person well trained in the field of social work, a graduate from a recognized school of social work. As the work of the Social Work Department develops the staff should be in-

creased. The actual number of social workers to be employed will depend, of course, upon the intake of new pupils and the rate and extent of release to the community.

Institutions for the care of the mentally deficient should have social workers who can interpret the problems of the mentally deficient to the welfare workers in the many counties. Further, the school social worker should be available for counseling regarding mental deficiency with other social workers scattered throughout the State.

Social work in connection with a training school for the mentally deficient has come to include not only the work with children who have been released to the community but also work with the children within the institution. The social worker acts as the link between the community, the parents, and the training school prior to admission, during the period of residence, and upon release after the child has been trained at the institution.

The social worker aids in the introduction and orientation of the child to the training school and makes easier the problems of adaptation to the new experience of group living.

The functions of the Social Work Department would be:

1. Preparing adequate social histories on each case. This would include a thorough examination of the environment from which the child has come (the family background, physical, social, and educational development).
2. Making available such information to other professional members of the staff as needed.

3. Participating in meetings of the Children's Committee, or Classification Committee, with responsibility for interpreting the social history.
4. Maintaining a continuing relationship with the family when necessary.
5. Preparing information for reclassification studies as needed for the Children's Committee work.
6. Making a pre-placement investigation, either directly or through existing social and welfare units.
7. Maintaining close relationships with the children during their training period in order to act as the liaison officer between the child, the institution, the parents, and the community.
8. Supervising, either independently or through existing social or welfare units, children released to their own homes, in foster homes, or work homes.
9. Carrying out such other activities within the province of the Social Work Department as will accelerate the development of an effective program for each child and facilitate desirable relationships between the training school and all other agencies involved in developing the overall program.

PSYCHOLOGICAL SERVICES

The statute establishing Caswell Training School contemplated the development of a psychological clinic. Although the routine psychological service provided at Caswell is better in quality than that found in some institutions of like character, there is grave need for carrying out the provisions of the original statute. Instead of furnishing only a routine assessment of the intellectual level a psychological clinic could provide a wide variety of services, including psychotherapy, guidance and counselling, as well as those services primarily of diagnostic importance. Among the most significant functions of the clinic is the development of a research program which can contribute to the scientific understanding of mental deficiency.

The psychological work now being done at Caswell should be expanded into a Division of Psychological Services by the addition of qualified personnel and facilities. The chief responsibility of such a division would be the determination of the assets and handicaps of each child, so that the training, treatment, and care program could be effectively planned and executed. The breadth of the work of the Division would demand an orientation toward psychological services of all kinds rather than toward psychometrics, as is now the case. Unfortunately the members of the staff of the institution are "I. Q. minded." This serves to hide the child behind two digits, leaving one the feeling that the child, himself, is not known. Every child is a complex psychological being and should be studied from every angle known to psychological science. The chief of the division should be a person of broad training and experience

have competence in the fields of educational and vocational guidance and counseling, psychotherapy, and research.

The Division of Psychological Service at Caswell should collaborate with the University of North Carolina and Duke University in the development of internship programs in clinical psychology. This collaboration would have mutual benefits in the training of skilled clinicians and in the development of research programs in the area of mental deficiency. Experienced consultants are available at both of these institutions who could aid in the planning and supervisory aspects of a continuing program.

MEDICAL PROGRAM

Assessment of the medical facilities at Caswell Training School must include not only an evaluation of existing services offered but also consideration of the possibilities of incorporating existing facilities into a more comprehensive and adequate medical program. Basic to the consideration of the present and future programs are certain important factors. These are:

1. The size of the institution.

A large proportion of the facilities and much of the specialized equipment are expensive in initial cost and upkeep. Trained technical personnel also add heavily to the necessary cost of an adequate program. The unit cost of such services decreases, however, with the total volume of service rendered. Thus patient population and frequency of use determine the necessity for having certain types of equipment.

Procurement of qualified technical personnel presents considerable difficulty since such persons are in nationwide demand. In order to insure an optimal chance for the attraction of these technicians the positions should provide (1) good equipment, (2) opportunity for professional advancement, (3) an adequate salary schedule, and (4) an active program with opportunity for continued education.

2. The Optimal Standard.

Schools for the mentally deficient in general have not attained the standards of patient care and treatment afforded by hospitals for the care of the mentally ill or those of good general hospitals. Recently standards in some mental hospitals are approaching those of general

hospitals. There is no reason why a school for the mentally deficient should not attain as high standards as mental hospitals. Attainment of the standards of the American College of Surgeons is desirable. When institutional standards are raised, less difficulty is experienced in attracting better qualified personnel.

3. The Cost.

An overall increase in the amount and quality of the medical service offered by the institution will mean an immediate increase in the appropriations for these services. Preventive medicine as well as therapeutic medicine is sound economy for the individual as well as the institution. With an increase in the quality of medical care it may be expected that many parents hitherto hesitant about placing their children in an institution will avail themselves of the services offered, thus increasing the demand for service. The age range of the population served will probably be extended. Younger children should be admitted before their care becomes too heavy an economic and psychological load for the family to maintain. With better medical care the life expectancy of the inmates will increase and their death rate diminish. These two factors also demand increased appropriations.

4. Collaboration with University Facilities for Research and Training.

In increasing the medical program the institution will have need for specialized facilities which are found only in universities or in large laboratories. Particularly is this true in the areas of biochemistry and histopathology. The institution can, however, provide experience in a clinical setting unlike that obtainable at the university.

The medical program could coordinate institutional and university facilities in a comprehensive whole to meet needs for training and service. This coordination may not be achieved unless institutional facilities contribute to training.

5. The Orderly and Planned Expansion of Facilities.

Construction of facilities for housing and care of patients at Caswell has often been dictated by immediate need, and too little planning has been devoted to the integration of facilities within a comprehensive program. Buildings which were poorly constructed and designed in the past must now be renovated. The location of these buildings, however, may not be changed without prohibitive cost. In several cases faulty location has contributed to an overall loss of efficiency both in their utilization and upkeep.

Some medical facilities demand development of related facilities. Concurrently with the development of an operating suite must go the development of an adequate laboratory and contributory services.

The basic factors discussed in connection with the present and future medical program should be evaluated carefully to determine the best course for the future. In the following discussion the present facilities will be analyzed in terms of the foregoing factors.

The Hospital Service

Currently the hospital service at the Caswell Training School is in reality only an infirmary service. It is inadequately equipped, without an appropriate system of clinical records and greatly understaffed.

It houses (a) sick patients, (b) newly admitted inmates and (c) inmates who, while not currently sick, would be likely to become sick if placed in other buildings. The rated capacity of sixty-six beds on December 31, 1951 gave a hospital bed ratio of 7.9%, but on June 30, 1952, if the expected institution enrollment of 1,480 is reached, this ratio will be only 4.4%. Both percentages presume that the entire sixty-six beds were used for sick patients only. Average accepted hospital bed ratios are from 3% to 5%.

The Surgical Service

The practice of having all the general surgery performed at the general hospital in Kinston is currently followed. The existing surgical equipment is so inadequate as to demand that no major surgery be attempted in the Caswell hospital. The existing procedure must make a sound program of elective surgery difficult. Development of a good surgery suite would probably prove difficult.

The X-Ray Service

There is an old x-ray unit at Caswell currently not used. Required x-rays are obtained at the general hospital at Kinston. One must not forget that an x-ray taken in a state institution may be used not only for diagnosis but also for other critical purposes, perhaps as evidence in a court suit. Therefore it must be of equivalent standard to that common in the locality. To develop a satisfactory x-ray department at Caswell would require (a) development of facilities for the department, (b) purchase of modern equipment and (c) employment of a technician.

Laboratory Service

Caswell already has a partial clinical laboratory and employs a laboratory technician. An institution of the type and present size of Caswell should have facilities for doing any of the routine laboratory procedures of a general hospital.

Post Mortem Facilities

Caswell has no autopsy facilities. Whether these are needed depends on the desirability of carrying on research and professional study.

Tuberculosis Service

Any adequate tuberculosis service must provide a program designed to include the following: (a) Repeated screening of patients and employees, (b) Segregation in separate facilities of all patients with tuberculosis, (c) A good clinical program of therapy directed towards rendering positive cases non-infectious, and (d) A communicable disease program to provide optimal protection to both patients and employees. Caswell seems to do a fairly good job in this field.

Neuro-Psychiatric Services

Caswell apparently has made no successful attempt to meet the special problems of inmates suffering from behavior problems, convulsive syndrome, or psychotic state nor those suffering associated paralytic and palsied conditions. To meet these needs will likely require continuing neuropsychiatric consultation.

Dental Service

Caswell now gives incomplete dental care, inasmuch as no attempt is made to teach or enforce proper principles of dental hygiene in the cottages. This defect should be correctible without change in existing personnel or equipment.

Medical Records Service

The Caswell Training School clinical records are woefully incomplete, and too inadequate for any possible research or possibly for even good patient care. The physical examination sheet is practically a punch list. There is no central point of compilation of the record and the method of filing (both form and procedure) is bad. The entire record system should be reorganized.

General Medical Staff

The Caswell Training School has as a full time medical officer only the Superintendent, William C. Byrd, M. D. Part time medical care is given by Mike Lee, M. D., of Kinston, who serves as Clinical Director. Both men appear sincere in their efforts for the patients and display sound basic qualifications for their classifications. The situation does not, however, lend itself to sound leadership of nursing and ancillary personnel, since each is too preoccupied with other responsibilities to develop and engage in such functions as In-service Training Programs.

Dietary Service

The Caswell Training School dietary program is extremely poor. There is need for a thoroughly trained dietitian.

The menus of the children fed in the main dining room and for the low-grade children were studied for the six days covering the period from February 22, 1952 through March 4, 1952. Their diet was compared with an accepted standard requirement of a 12 year old. It will be noted that the Caswell diet is below the accepted norm in a number of significant items, and particularly so for the children in the low-grade buildings. The children's diet is a marginal diet only. The food fed to the children of low-grade mentality is seriously inadequate. This diet continued will add to the problems of the low-grade inmates a factor of chronic nutritional defect.

There is distinct need for instituting some index of growth and development of the inmates, to permit accurate evaluation of physical growth and as an aid in the dietary service.

Table 1

Analysis of Daily Menus in Main Dining Room and Buildings for Low Grades

February 22 to March 4, 1952

	Proteins	Fat	Carbohydrates	Calories	Calcium Mg.	Phosphorus Mg.	Iron	Thiamin	Riboflavin	Niacin
Children's Main Dining Hall										
3/4/52	69.2	66.1	276.0	2145	1.2	1.5	17.2	1.6	1.7	8.7
3/3/52	70.5	68.6	250.9	1898	1.1	1.4	13.	1.3	2.0	7.53
2/29/52	88.0	72.2	300.0	2200	1.2	1.5	19.0	1.5	2.2	11.8
2/26/52	80.6	75.3	268.3	2072	1.27	1.67	15.1	1.5	2.4	9.1
2/23/52	65.0	68.5	207.6	1717	1.18	1.2	10.2	1.16	1.9	10.4
2/22/52	74.5	67.4	267.3	2170	1.19	1.64	12.3	1.7	2.16	7.98
Low Grades Buildings										
3/4/52	45.7	44.6	180.6	1348	1.1	1.2	8.7	.89	1.8	5.1
3/3/52	67.6	59.8	210.6	1649	1.2	1.3	11.0	1.0	2.1	6.2
2/29/52	66.9	54.2	194.4	1530	1.1	1.4	11.7	1.1	2.09	5.9
2/26/52	54.4	46.6	182.4	1354	1.1	1.2	8.5	.04	1.9	4.78
2/23/52	61.6	49.4	199.5	1487	1.3	1.2	9.5	1.0	1.9	5.7
2/22/52	55.5	38.9	159.4	1207	1.0	1.2	9.6	1.04	1.7	5.79
Accepted Norm		50	200							
12 Year Old	70	100	400	2500	1.2	1.2	12	1.2	1.8	12
Average Main Dining Hall	74.6	69.6	261.6	2033	1.19	1.48	14.4	1.46	2.06	9.25
Average Low Grades Bldgs.	60.4	48.9	187.8	1427	1.13	1.25	9.9	9.9	1.9	5.56

In summary of the medical program of the Caswell Training School it appears that most of the services, using the word services in the sense of functions, are either non-existent, inadequate, or unsound. What does not exist, plus the use of such unfortunate terminology as "Idiot Dormitory No. 1 for Boys", and "Boys Problem Building", will add difficulties to the search for professional personnel. The existing situation offers little stimulation to the present personnel. The anticipated industrial expansion of the Kinston area may soon make recruitment more acute. In the opinion of the consultant in medicine there is little in the picture to indicate that conditions at Caswell will get better in time. At Butner, an equally futile situation was made hopeful through the resourceful interest in the inmates by a physician and a handful of interested willing helpers. The situation at Goldsboro Hospital (group of colored mental deficients) was no worse, though possibly not better, than the Caswell overall picture.

The medical program at Caswell should be redirected to incorporate the following immediate and long term recommendations:

I. Immediate

1. Establishment of an in-service-training program for attendants and other workers, even though the instruction may have to be imported.
2. Complete overhaul of the Dietary Department.
3. Establishment of some full-time medical staff.
4. Establishment of neuropsychiatric continuing consultation.

II. Long Term

1. Limitation of the Caswell Training School to the anticipated June 30, 1952 population.
2. Establishment of the hospital service as such instead of as infirmary service.
3. Further development of the clinical laboratory.
4. Development of x-ray service.
5. Collaboration with the University of North Carolina and Duke University (and any other possible sources) for part-time medical student relationships.
6. Development of the interest of the organized medical and nursing organizations of North Carolina in the institution and the problems of mental deficiency and the mentally deficient.

ADMINISTRATION

The superintendent and business manager at Caswell and the State farm analyst furnished the committee with considerable data concerning the population, employees, expenditures, construction plans, and farm procedure. These were of great help in obtaining an insight into the operation of the Training School. Extensive analysis of this information has not been made in this report, but it merits further examination and may well serve as a starting point for self-redirection. The basic data appears as an appendix to this report.

General Administration

The committee has very real concern about the administration and administrative policies at the Caswell Training School. It does not appear that the Training School is either a smoothly operating or effectively functioning institution. There may be several reasons for this. It may be that the school was not effectively administered immediately prior to the appointment of the present superintendent because of the previous superintendent's illness, death, and the ensuing vacancy. There is every evidence to indicate that the superintendents, including the present one, have been humane, kind, interested in children, and devoted to their task.

Another factor which may have contributed to ineffective administration lies in the inherent difficulties which stem from dual control. The work is hampered by faulty delineation of authority between the superintendent and business manager, between boys' and girls' supervisors, and between the superintendent and those responsible for Education and

Training, Cottage Life, Medical Services, and Social Work. Under the dual control system prevailing at Caswell there are, in effect, two coordinate administrative officers of the institution. Currently the superintendent is responsible for the health, welfare and training problems of the institution, while the business manager is responsible for the fiscal affairs, the physical plant, and the operational personnel. Such a set-up is not unique in North Carolina.

Effective administration of any public institution requires definite delineation of authority, clear statement of purposes for which the institution exists, and machinery for coordinating the work of those responsible for different phases of the program. Decisions have been made at Caswell by persons other than the superintendent which seriously affected the development of the program for which this official has responsibility. The recent decision regarding the renovation of the children's housing unit which was made without consultation with the superintendent is an example of this.

The advisory board does not subscribe to dual control as a policy. But if such a system is to be continued it is recommended that all administrative details of the institution be studied carefully, that policies and practices be clearly stated, and that adequate administrative provision be made to insure a well organized and effectively operating institution.

Overall Costs

Examination of the cost of running the institution leads to the conclusion that Caswell is operated very economically. Perhaps such

economy should not prevail if the needs of the unfortunate children are to be met. In general any state should pay what it costs; the dollar sign should not be the governing symbol.

Salaries

Analysis of the salary schedule does not show that North Carolina is grossly out of line with the salaries paid for similar positions in other states except for some glaring inadequacies. There are also disparities between the salaries paid for similar work and equal responsibilities within the institution. Persons working under the business office are frequently paid higher salaries than those working under the superintendent and doing equivalent work. Salaries of teachers are tragically low; they are considerably below the minimum for public school teachers in North Carolina. (See Education and Training section.) Salaries of cottage personnel are low, making it difficult to secure the high type personnel needed.

The whole salary schedule should be restudied so that equal pay will be given for equal work, responsibility can be compensated, and better personnel obtained. The practice of having no salary range, that is, no minimum and no maximum, nor stipulated annual increments for a specific job, is not in keeping with modern trends. The recommendation is made that the stated salaries include maintenance and that charges be made for housing and services in accordance with a carefully determined schedule. Such funds, then, could be earmarked for the care of buildings, e.g., the many frame buildings used for housing employees. This is a growing practice or is being considered in states where employee housing is important to recruitment.

Recruitment of Personnel

Accurate data are not available concerning the number of vacancies and the personnel turnover. There are many known vacancies, however, and many of these are for key positions. Undoubtedly, candidates for such positions as physicians, registered nurses, technicians of various types and others are as difficult to find in North Carolina as they are in other states. There is at Caswell no planned recruitment program. Nor is there any indication that resources or agencies which may assist in the recruitment of personnel are either known or used.

Institutions of this type frequently have a large turnover in certain positions, so it is imperative that a program for the recruitment of personnel be developed.

Visiting

The institution operates in accordance with state hospital regulations prohibiting visiting on Sundays. This policy should be reviewed. Mentally deficient children need visitors. By excluding visitation on Sunday it is impossible for parents and relatives who work during the week to make frequent visits because they cannot afford to take the necessary time off for the long trip to the institution. Ways and means can be found to staff the institution on Sundays. This may seem difficult, but it can be done; it is common practice in most other states.

Pupil Records

The present record system or case record folders are an improvement over the ones previously used but are neither complete nor appropriate.

A new record folder should be introduced. This should be a hard board folder with insert folders in order that material of a similar nature may be filed together. These inserts would include (a) legal papers, (b) correspondence, (c) professional reports, (d) cottage reports, and (e) classification committee reports.

A progressive history or chronological account should be kept on each child. This may be merely the briefest of anecdotal entries concerning important happenings in the institutional life of the child.

PHYSICAL PLANT

A visitor to the Caswell Training School is at once struck by the attractiveness of the campus. Closer study, however, reveals that the buildings used for housing children are too closely grouped to permit much further expansion. Some of the building groupings are such that a major fire in one would probably spread to other buildings.

Certain buildings show considerable evidence of a lack of planning and sufficient consultation between the designing architect and the professional leadership of the institution. Toilet and closet facilities are generally minimal throughout the institution.

The building known as "Tapp" should, as contemplated, be condemned in its present condition and either demolished or completely renovated.

The buildings known as "Idiot Dormitories"* have certain commendable features but at the same time are depressing, without color, and suggest prison atmosphere rather than the sympathetic and alert spirit of a training school. Children housed in these buildings will in all probability deteriorate unless active steps are taken to provide a coordinated activities program.

The absence of a complete coverage of the institution with telephone or other communication system must be looked upon as an unnecessary hazard for both children and employees as well as a source of considerable inconvenience to all.

---

*Cottages for the severely retarded would be a better designation.

Absence of fire control apparatus presents a potential hazard. The Kinston Fire Company is on call but there should be at least a chemical truck for extinguishing small blazes and confining larger ones until adequate equipment arrives.

An extensive program of surfaced walks should be begun as soon as possible. These would make getting about during rainy weather much more comfortable and prevent sand and dirt from being tracked into the cottages. The plan to construct covered walks for the use of the children should be reconsidered. Very few institutions use them nowadays.

The administration building needs a complete overhaul or a new one should be built. It is neither well arranged nor attractive. New lighting, a liberal use of attractive paint, and better housekeeping would improve its appearance.

Food service for children and employees will be vastly improved when the new food service and dining halls are completed. In the meantime, however, it should not be necessary to continue the present very low-standard situation. Adequate housekeeping, paint and new lighting, plus a little imagination would benefit the areas now used.

The extent to which the institution at Caswell has developed housing for its employees should be studied. There has been a disproportionate investment of state and instution funds in "Care of the Employee." The seventy-two houses for employees with a total present evaluation of $420,300 is a substantial investment.*

The interest and knowledge the Business Manager has in the property is commendable.

---

* See Administration, Salaries.

Wert
Bookbinding
Grantville, PA
2021
"We're Quality Bound"